SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYERETECONNEY MIRCONSTAN APPLICATION FOR PERMIT OCT 18 2012

Permit #: Refund: Date: Amount Paid: \$900 Q19

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

Cantractor Phone: Plank	Cachy Live S3402 Racint Live Length	Recline w: \$3462 Racint (w: 5) Caty/State/Zip: Caty/State/Zip: Contractor Phone: 7/5 - 788 - 3897 Agent Mailing Address (include City/State City/Stat	- A MATERIAL TO					Municipal Use				☐ Commercial Use				Residential Use			Proposed Use	Proposed Construction:	Existing Structure: (if			20,000,00	1 🗆	* 7	Value at Time of Completion * include donated time & material	Non-Shoreland	1	☐ Shoreland → ☐ ☐		Section 1		VE 1/4, SE	PROJECT LOCATION LES	(Person	Jenkin C	XXX N. RIVERS	Susan
Recline W: 53462 Racin City/State/Zip: Ab1	Chy/State/Zip: Chb/s W 5462 Character Phone: Agent Phone: Agent Mailing Address (include Chy/State/Zip): Agent Maili	Racins Liv: 53462 Racins Liv: 53467 Chylstate/Lip: Carb Carb Carb Liv: 5467 Chylstate/Lip: Contractor Phone: Plumber: Anchry Casm usset. + 2sass 7/5-788-387 Agent Phone: Agent Agent Agent Phone: Agent Phone: Agent Phone: Agent Phone: Agent Agent Agent Phone: Agent Age	Other:	\downarrow	-	_	<u> </u>	Access	-			19				Liperonii		-	•	in:	permit being applied	 Property	Relocate (existing bidg) Run a Business on	Conversion	Addition/Alteration	New Construction	Project (What are you applying for)			ls Property/Land with	Is Property/Land witl eek or Landward side	1 .	; <u> </u>		Legal Description: (Use	Signing Application on beh	そうで かいこ	Q.	50
State/Zip: ## State / Zip: ## Sem (Incl. Incernition) Calights Plumber: Andry Pasmuss		ed Document: a Document: b A 280 c contract) Contract) Dimension Contract) Plei Hei X X X X X X X X X X X X X	(explain)	onal Use: (explain)	Ose: (expiditi)		ory Building Addition	İ		Home (manufactured o	ouse w/ (☐ sanitary, or	with Attached G	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch		al Structure (first stru			for is relevant to it)					•	# of Stories and/or basement			hin 1000 feet of Lake, Po	hin 300 feet of River, Stree of Floodplain?	_7)	Lot(s	Tax Statement)				
# Sew bedrooms Compost Cooking & food prep faciliti		ed Document: 1	Witnesser	- William	The second secon	d property or		1)	date)		arage			***************************************	PA, management	g shack, etc.)	icture on property)	Proposed Structur		Length:	 tipp graphs							11	ond or Flowage	yescontinue>	CA		SM 1	50			Ē	1 ' \$
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		ed Document: a Document: b Dimension Contract) Dimension Contract) Dimension Hei Hei X X X X X X X X X X X X X		***************************************	The state of the s		transfer of the state of the st			The state of the s	food prep faciliti		, market				and the state of t	Noteh		W						1	Sew Is			S	2.			Block(s) No.	1-000-6000	ress (include City/	* Kasmuss	1.4	ξ.

Owner(s): (If there are Mul

uliple Owners listed on the Deed All Ow

ers must sign

gn or letter(s) of authorization must accompany this application)

9.8.2017

Authorized Agent:

(If you

behalf of the ov

Address to send permit

Po Box 274 are signing on

Obble

ble w. 54821

mpany this

application)

Date

Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement Copy of Tax Statement

Granted by Variance (B.O.A.)
Yes >No Hold For Sanitary: Date of Inspection: 10 - 18 - 13 Inspection(s): Town, Committee or Board Conditions Attached? Permit #: Issuance Information (County Use Only) Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be Inspection Record: Permit Denied (Date): Signature of Inspector: Setback to Privy (Portable, Composting)
Prior to the placement or construction of a structure within ten (10) feet of the other previously surveyed corner or marked by a licensed surveyor at the owns Setback to Drain Field Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line Was Parcel Legally Created
Was Proposed Building Site Delineated Setback to Septic Tank or Holding Tank Setback from the North Lot Line Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Is Parcel a Sub-Standard Lot s Parcel in Common Ownership Is Structure Non-Conforming well stake Please complete (1) - (7) above (prior to continuing) どあら (9) (7.6) (7.6) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits. Setbacks: (measured to the closest point) Show any (*): Show any (*): Oven Lane Description Show Location of (*): show/Indicate: w Location of: Med or Sketch your Property (regardless of what you are applying for) B □ Yes □ Yes Hold For TBA: P Proposed House \$\ \$\ \$\ (Fused/Contiguous Lot(s)) (Deed of Record) all sethicles. Tutul gas sodald □ □ 2 8 North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond **Proposed Construction** 3 inspected by: Permit Date: Reason for Denial: Sanitary Number: Measurement 3550 □Yes 147 200 87 F.B Hold For Affidavit: 0 N N N Feet Feet Feet Feet Feet Feet Feet んな (If \underline{No} they need to be attached.) رو Previously Granted by Variance (B.O.A.) Mitigation Required Mitigation Attached 102 Setback from Wetland
Setback from 20% Slope Area
Elevation of Floodplain Were Property Lines Represented by Owner
Was Property Surveyed idary line from which the setback must be measured must be visible from Setback to Well Setback from the Lake (ordinary high-water Setback from the River, Stream, Creek Setback from the Bank or Bluff V Hold For Fees: □ Changes in plans must be approved by the Planning & Zoning Dept. # of bedrooms: 6 □ Yes Diarional Description SNO ON X North Case #: Affidavit Required Affidavit Attached Priver Gide X Yes A Yes Sanitary Date: Zoning District Lakes Classification Date of Re-Inspection Date of Approval: Measurement □ Yes ú S S □ o No Trail The South Feet Feet Feet Feet Feet Feet

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PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COLINTY WISCONSIN APPLICATION FOR PERMIT 007 18 2012

Amount Permit #:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

Bayfield Co. Zoning Dept.

☐ Shoreland —>		Section [7]	NE 1/4, SE 1/4	PROJECT LOCATION	Authorized Agent: (Per	Senkins (Address of Property: XXX. V.	Owner's Name:	TYPE OF PERMIT REQUESTED—	DO NOT START CONSTRUC
$\hfill\Box$ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue—▶	Section /7, Township 43 N, Range	1/4 Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)	Authorized Agent: {Person Signing Application on behalf of Owner(s)}	Senkins Const. FAC.	Address of Property: XXX. N. Riverside Rd	John B Hand Trustee	QUESTED→ X LAND USE ☐ SANITARY	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT
ke, Pond or Flowage	If yes-continue	. W Town of:	ISIS 10,357-58	PIN: (23 digits) - 43-0" 04- 012-2-43-0"	Agent Pnone:	807	Cally WI 54821	Mailing Address: 163W Arkfiel	PRIVY	•
Distance Structure is from Shoreline:	Distance Structure is from Shoreline :	alie	Lot(s) No. Block(s) No.	PIN: (23 digits) - 43-07-17-4 O(-000-6000CRecorded 04-012-2 - 43-07-17-4 O(-000-6000CRecorded -70000 Volume_	Agent Mailing Address (include City/State/zip):	Hugh Rasmussend Sons	I 54821	Mailing Address: City/State/Zip: City/State/Zip: UI 53407	☐ CONDITIONAL USE ☐ SPEC	HOW DO I FILL OUT THIS APPLICATION (visit our webs)
*	14	Lot Size	Subdivision:	ORecorded Docume	State/zlp):	d Sous		T 63407	☐ SPECIAL USE ☐ B.O.A	isit our website www.
	Is Property in Are	Acreage 4.23		Document: (i.e. Property Ownership) 1088 Page(s) 690	Attached XYes No	798-3355	Sol - 460 2	Telephone: 7/5).A. DOTHER	ite www.bayfieldcounty.org/zoning/asp
□ Yes Æ No	Are Wetlands Present?			wnership)	rization	35.5	ી પ	200	7	(qze/gning/asp)

Proposed Construction:	Existing Structure					20,000	^)		Value at Time of Completion * include donated time & material
uction:	Existing Structure: (If permit being applied for is relevant to it)	Grandon Trans.	Property	☐ Run a Business on	☐ Relocate (existing bldg)	□ Conversion	☐ Addition/Alteration	XNew Construction	Project (What are you applying for)
	or is relevant to it)		☐ Foundation	□ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	X 1-Story	# of Stories and/or basement
Length: 30	Length:						¥ Year Round	□ Seasonal	Use
				⊠ None		_ 3	_ 2	_ 1	# of bedrooms
Width: のと	Width:	□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	X (New) Sanitary Specify Type: Cont.	☐ Municipal/City	What Type of Sewer/Sanitary Syste Is on the property?
Height: 16	Height:			tract)	ted (min 200 gallon)	у Туре:	/ Туре: <u>Семъй.</u>	•	pe of ary System roperty?
				•			Z well	□ City	Water

戏。Non-Shoreland

×	
l	Conditional Use: (explain)
l	Special Use: (explain)
	☐ Accessory Building Addition/Alteration (specify)
	Municipal Use State Accessory Building (specify) ACMAGE
	☐ Addition/Alteration (specify)
	☐ Mobile Home (manufactured date)
ilities)	\square Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)
	Commercial Use with Attached Garage
	with (2 nd) Deck
	with a Deck
	with (2 nd) Porch
	Residential Use with a Porch
	with Loft
	Residence (i.e. cabin, hunting shack, etc.)
	☐ Principal Structure (first structure on property)
	Proposed Use Y Proposed Structure

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Address to send permit	6	Authorized Agent:
0	you are si	Z
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4	he owne	\sim
2	(s) a letti	2
- ,	er of author	
H	horization	

188

gn or letter(s) of authorization must accompany this application)

10,10,2012

Date

Date

0 - 2		Hold For Fees:	Hold For		Hold For Affidavit	Hole	Hald For TRA:			
Date of Approval:	Date						7	M Stucture:	nspector.	M S ignature of Ir
presuce	lindes	with	920	they need to be attach	Jaba Jaman	Attached? Yes	Conditions	mittee or	Moy	Condition(s): Town, Com
Date of Re-Inspection:	Date of R				1	Inspected by:	U	10-18-12	ction:	Date of Inspection:
IIII (RRB					softrelis.	tool		Inspection Record: Well Stakes	cord: K	ryas riopo rspection R
□No	er Yes _	Represented by Owner Was Property Surveyed	Lines Repre Was P	Were Property Lines			y⊈ Yes □ No	7 ₹	Was Parce	No.
	Case #:	(B.O.A.)	d by Varian	Previously Granted by Variance □ Yes 沒No	Alexandra V			_	ariance (B	Granted by Variance (B.O.A.)
equired □Yes 🔨No ttached □Yes 🗷 No	Affidavit Required Affidavit Attached	s ×No	ed Yes	Mitigation Required Mitigation Attached	N N N	d) ious Lot(s))	☐ Yes (Deed of Record) ☐ Yes (Fused/Contiguous Lot(s)) ☐ Yes	Is Parcel a Sub-Standard Lot Ye arcel in Common Ownership Ye Structure Non-Conforming Ye	a Sub-Sta ommon O re Non-Co	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming
				٠ ق	10-22-10 10-23-10	Permit Date:		ラ ひ	立ったうと	Permit #:
Date: 9-5-12	Sanitary E	# of bedrooms: ろ	# of bec	12-1025		Sanitary Number: Reason for Denial:	se Only)	Issuance Information (County Use Only)	formati	Issuance Informa
I), Privy (P), and well (w). legun. Owelling Code.		uction or Use ha Enforce The Unitre permits.	e if Construequired To	otic Tank (ST). I Date of Issuand licipalities Are R	struction, Ser Year from the ling: ALL Mun State or Fede	I(s) of New Con SExpire One (1) Two Family Dwel wn, Village, City	Dosed Location Land Use Permit Of New One & 1 The local To	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding, Iank (HT), Privy (P), a NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	(9) Stak	
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	the setback must be of the proposed site	idary line from which orner within 500 feet	back, the boun om a known co	inimum required set corrected compass fr	0) feet from the m tment by use of a c	but less than thirty (? erifiable by the Depai	ore than ten (10) feet surveyed corner, or v	ruction of a structure me to the other previously it the owner's expense.	ent or constr eyed corner ed surveyor a	or to the places previously sur rked by a licen
ne previously surveyed corner to th	st be visible from on	dary line from which the setback must be measured must be vis	the setback mu	dary line from which	Feet	he minimum required iner's expense.	thin ten (10) feet of t	Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the m other previously surveyed corner or marked by a licensed surveyor at the owner's	ivy (Porta ent or constr	or to the placer
N/4 Feet				Setback to Well		Z A		or Holding Tanl	ptic Tank ain Field	tback to S
		Area	1 10 1	Setback from 20% Slop Elevation of Floodplain	Feet	h	Lane	Setback from the West Lot Line Ducen Setback from the East Lot Line	the West	tback fron
WA, Feet			Vetland	Setback from V		4041.60	op side	h Lot Line	the Nort	Setback from the North Lot Line
Feet Feet	-water mark)	rdinary nigh-wa stream, Creek r Bluff	he River, S	Setback from the Lake lordinary high-v Setback from the River, Stream, Creek Setback from the Bank or Bluff	Feet	142	Way	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	the Cent the Estal	tback fron
weasurement // /		Description	Desc			Measurement		Description	Des	
			0			t point)	d to the closes	Setbacks: (measured to the closest point)	(8) Setb	
ed by the Planning & Zoning Dept.		Changes in plans must be approv	hanges in I			g)	(7) above (prior to continuing)		complete (1) -	Please con
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	- Paring Hand	A HIPLANA A	, remark	A.A.		(15) (c) () (c) (F)	() ***	dily ().	- 1	\ -
(P)	d/or (*) Privy	ı g Tank (HT) anı	₹oaα) (*) Holdin	ame Frontage I rain Field (DF); r (*) Pond	age Road (Na nour Property nk (ST); (*) Dr am/Creek; or a over 20%	(*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	(*) Drivew. All Existing (*) Well (\(\nabla\)) (*) Lake; (*) (*) Wetlan	Shew/Location of (*): Show: Show: Show any (*): Show any (*):		(3) (4) (6) (7)
					•	Proposed Construction North (N) on Plot Plan	Proposed (North (N) c	Show Location of: Show / Indicate:		

Hold For Sanitary: Signature of Inspector Granted by Variance (B.O.A.)

☐ Yes ☐ No Issuance Information (County Use Only) Permit #: Permit Denied (Date): Condition(s):Town, Committee Date of Inspection: Inspection Record: Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Setback to Drain Field
Setback to Privy (Portable, Composting)
Prior to the placement or construction of a structure with other previously surveyed corner or marked by a licensec Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the Centerline of Platted Roa Setback from the Established Right-of-Way Was Parcel Legally Created Was Proposed Building Site Delineated Setback to Septic Tank or Holding Tank Setback from the East Lot Line In the box below: Please complete (1) - (7) above (prior to continuing) to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be (2) (3) (4) (5) (7) 8 Show Location of: Show / Indicate: Show any (*): Show any (*): Show: Show: Show Location of (*): Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) Centerline of Platted Road Setbacks: (measured to the closest point) Owen Lane NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code Town, Village, City, State or Federal agencies may also require permits. construction of a structure within ten (10) feet of the minim corner or marked by a licensed surveyor at the owner's exp Description Draw or Sketch your Property (regardless of what you are applying for) Hold For TBA: ☐ Yes ☐ Yes ☐ Yes Ş □ Yes (Deed of Record) (Fused/Contiguous 2 Z inspected by Permit Date: Reason for Denial: **₹** Lot(s)) 2 Barch Measurement 34×30 Hold For Affidavit: 0 ONO ONO 143, Feet Feet Feet Feet Feet –(If \underline{No} they need to be attached.) the boundary line from which the setback must be measured must be visible from Previously Granted by Variance (B.O.A.)

Ves
No Mitigation Required Mitigation Attached 102 Were Property Lines Represented by Owner
Was Property Surveyed Elevation of Floodplain Setback from the Lake (ordinary high-water mark)
Setback from the River, Stream, Creek Setback from Wetland Setback from 20% Slope Area Setback from the River, Stream, Setback from the Bank or Bluff Setback to Well Changes in plans must be approved by the Planning & Zoning Dept. Hold For Fees: # of bedrooms: □ Yes Description d o N N North Case #: Affidavit Required Affidavit Attached Sanitary Date: □ Yes Lakes Classification Zoning District Date of Re-Inspection: Date 2 of Approval トトン Measurement رو OTrail The South Rd. 8 8

Feet

Feet Feet Feet Feet

Feet

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

DECEIVEDOCT 18:2012

INSTRUCTIONS: No permits will be issued until all fees are paid Bayfield Co. Zoning Dept. Checks are made payable to: Bayfield County Zoning Department.

Application No.: 10 -0404

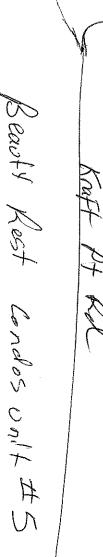
Date: 10-00-10

Zoning District 7RB, Class 1

Amount Paid: \$750.00 [05]

10/19/12

		act 39 zau
	Signed Michael Future 10-22-12 Inspector Date of Approval	Rec'd for Issuance
	hustion fougliss, marcuss must be	taken to an approper an
		Mitigation Plan Required: Yes 🗆 No 🗷 Middle
·	10-19-12 10-19-12	Inspection Record: "Mada act / Lycurum By 1
Ž.	722	
	Permit Number 12-0424 Permit Denied (Date)	Date 10-28-18 Permit Numbe
•)ate	Permit Issued: State St
	Copy of Tax Statement or V (If you recently purchased the property Attach a Copy of Recorded Deed)	* See Notice on Back
	A. T.	or Authorized Agent (Signature)
		I (we) declare that this application (including any accompanying information) hat (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of a to issue a permit. I (we) further accept liability which may be a result of I consent to county officials charged with administering county prdingness.
	Other (explain)	☐ Residential Other (explain)
	☐ External Improvements to Principal Building (explain)	☐ Residential Accessory Building (explain)
	———— ☐ Special/Conditional Use (explain)	dition / Alteration (expl
	Commercial Accessory Building Addition (explain)	□ * Residence w/attached garage (# of bedrooms)
	☐ Commercial Accessory Building (explain)	Deck(2) sq. ft
	i U x (la)	Residence wideck-porch (# of bedrooms)
	late)	☐ ★ Residence or Principal Structure (# of bedrooms) Residence so. ft.
H	New Existing sptic/Sanitary System (22)	et Value $250,000$ Square Foota
	If yes. Distance from Shoreline: greater than 75' ☐ 75' to 40' ☐ less than 40 ☐ Resement: Yes / No Number of Stories →	structure in a Shoreland Zone? Yes 🗗 No 🗍
	(Work) Written Authorization Attached: Yes 🗹 No 🗍	Telephone 612-868-29 [Home]
200	Authorized Agent Scott BMD (Phone) 7/5-798-23	Cable WI 54821
1	Contractor Scott Bull Co.	of Deeds
	CSM# 5 Acreage 2000	Lot Block
	<u>ح</u> س	Use Tax Statement for Legal Description
	CONDITIONAL USE A SPECIAL USE B.O.A. OTHER	LAND USE ANITARY D PRIVY CO
	REEN ISSUED TO APPLICANT.	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Changes in plans must be approved by the Zoning Department.



Lot Line

EJ. Lake Owen Covered deck/porch New へのろれ R

Name of Frontage Road (April 15 P

- . ` Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
- 2 Show the location, size and dimensions of the structure
- ယ Show the location, size and dimensions of attached deck(s), porch(s) or garage
- 4 Show the location of the well, holding tank, septic tank and drain field

DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-8 (a-o) COMPLETELY.

IMPORTANT

- Çī Show the location of any lake, river, stream or pond if applicable
- Ģ Show the location of other existing structures.
- 7. Show dimensions in feet on the following: Show the location of any wetlands or slopes over 20 percent.

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- ப் ந Building to centerline of road Building to all lot lines
- Building to lake, river, stream or pond
- ညဂ Holding tank to closest lot line
- .⊸ .თ Holding tank to building
- Holding tank to well
- Holding tank to lake, river, stream or pond
- μÖ Privy to closest lot line

- Privy to building
- Privy to lake, river, stream or pond
- Septic Tank and Drain field to closest lot line Septic Tank and Drain field to building
- 3
- Septic Tank and Drain field to well
 Septic Tank and Drain field to well
 Septic Tank, and Drain field to lake, river, stream or pond.
- Well to building

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits

will not make an inspection until location(s) are staked or marked Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector